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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC 25 Massachusetts Avenue ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 7401 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00403881 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 0 1 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Richard Trachtman Type or Print Name of Treasurer Electronically Filed by Richard Trachtman 03 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC [®] D " D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 90712.79 January 1 (b) Cash on Hand at 90712.79 Begining of Reporting Period 17745.00 17745.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 108457.79 108457.79 6(a) and 6(c) for Column B) 625.78 625.78 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 107832.01 107832.01 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed

Schedule C and/or Schedule D)

the committee (Itemize all on

0.00

For further information contact:

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC

0 1 м N 0 1 м м 0 1 3^D1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11750.00 11750.00 (i) Itemized (use Schedule A) 5995.00 5995.00 (ii) Unitemized (iii) TOTAL (add 17745.00 17745.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17745.00 17745.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 17745.00 17745.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 17745.00 17745.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees Contributions to Federal Candidates/Committees	0.00	0.00
4.	and Other Political Committees	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	625.78	625.78
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	625.78	625.78
	Total Federal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17745.00	17745.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17745.00	17745.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16 (check only one) X
or for commercial purp NAME OF COMMI	oses, other than using the nat TTEE (In Full)	me and addi	not be sold or used by any persoress of any political committee to SINC PAC; AKA ACP SERV	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fi				Date of Receipt
	6204 Vernon Palmer Ct		Tiv Ood	01 04 2008
City McLean		State VA	Zip Code 22101-2349	Transaction ID: 27056218 Amount of Each Receipt this Period
FEC ID number of of federal political com		C	22.107.20.10	1100.00
Name of Employer NextGen		Occupation Physician		
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 1100.00	
Full Name (Last, Fi	<u>,</u>			Date of Receipt
Mailing Address	167 Executive Drive			01 04 2008
City		State	Zip Code	Transaction ID: 27056232
New Hyde Park FEC ID number of effect of the second political company in the second political		C	11040-1052	Amount of Each Receipt this Period 300.00
Name of Employer NSLTS Health Sys	tem	Occupation Physician		
Receipt For: Primary Other (specify	General y) ▼	Aggregate `	Year-to-Date ▼ 300.00	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	1725 South Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27094758
Geneva FEC ID number of of federal political com		C	60134-2584	Amount of Each Receipt this Period 250.00
Name of Employer Steven M. Lewis, M	ID, SC	Occupation Physician		
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may r the name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF PHYSIC	CIAN SERVICES	INC PAC; AKA ACP SER	VICES PAC
Full Name (Last, First, Middle Initial) Lawrence L Faltz			Date of Receipt
Mailing Address 29 Maplewood Stre	et		01 08 2008
City	State	Zip Code	Transaction ID: 27094938
<u>Larchmont</u>	NY	10538-1632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1 1 1 1	250.00
Name of Employer Phelps Mem. Hospital Cent-	Occupation Physician/	Medical Director	
Receipt For:		'ear-to-Date ▼	
Primary General Other (specify) ▼	1.99.09410	250.00	
Full Name (Last, First, Middle Initial) Joel S Levine	.		Date of Receipt
Mailing Address 3896 S Magnolia W	'ay		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27098239
Denver	CO	80237-1222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ. of CO School of Med- icine	Occupation Professor	of Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Edward A Stehlik			Date of Receipt
Mailing Address 78 Devonshire Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27098270
<u>Buffalo</u>	NY	14223-1915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Northtowns Medical Group	Occupation Physician		
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
AMERICAN COLLEGE OF PHYSICIAN	N SERVICE	S INC PAC; AKA ACP SER\	/ICES PAC
Full Name (Last, First, Middle Initial) Jason M Goldman			Date of Receipt
Mailing Address 3100 Coral Hills Dr #30	08		01 09 2008
City	State	Zip Code	Transaction ID: 27098310
Coral Springs	FL	33065-4138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1000.00	1
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) Edward D Harris, Jr.			Date of Receipt
Mailing Address 121 Peter Coutts Circle)		01 09 7 2008
City	State	Zip Code	Transaction ID: 27098443
Stanford	CA	94305-2519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Stanford University	Occupation Academi	n c Secretary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Richard F LeBlond, M.D., M.A.			Date of Receipt
Mailing Address 200 Hawkins Dr 01275-DPFP			01 09 7 4 4 9 9
City	State	Zip Code	Transaction ID: 27098468
lowa City	IA	52242-1097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Iowa	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 16 (check only one) X
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to IAN SERVICES INC PAC; AKA ACP SERVICES INC PAC;	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Sue Dolle Mailing Address 3907 Diamond Grov City Houston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Date of Receipt O 1 O 9 2 0 0 8 Transaction ID: 27098470 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Robert M Greenfield Mailing Address 139 Old Solomons Is City Annapolis FEC ID number of contributing federal political committee. Name of Employer Greenfield - Caputo Receipt For: Primary General Other (specify)	State Zip Code MD 21401-0904 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 1 0 2008 Transaction ID: 27115818 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Sankey V Williams Mailing Address 307 Brentford Road City Haverford FEC ID number of contributing federal political committee. Name of Employer University of Pennsylvania Receipt For: Primary General Other (specify)	State Zip Code PA 19041-1718 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2008 Transaction ID: 27115823 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) MERICAN COLLEGE OF PHYSICIA	N SERVICE	S INC PAC; AKA ACP SER	VICES PAC
	ıll Name (Last, First, Middle Initial) avid J Miner			Date of Receipt
	ailing Address 857 Haddam Quarter F	Road		01 10 2008
Cit		State	Zip Code	Transaction ID: 27116032
_	urham	СТ	06422-1806	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Se	ame of Employer elf-Employed	Occupation Physicia		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	ıll Name (Last, First, Middle Initial) ındi S Garner			Date of Receipt
Ma —	ailing Address 2219 North Broadway			0 1 1 1 2 0 0 8
Cit		State	Zip Code	Transaction ID: 27116051
	ittsburg	KS	66762-2838	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer elf-Employed	Occupation Physicia		
Re	eceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	ıll Name (Last, First, Middle Initial) avid E Galinsky			Date of Receipt
Ma	ailing Address 267 Meetinghouse Lan	е		0 1 1 3 2 0 0 8
Cit		State	Zip Code	Transaction ID: 27124523
	erion Station	PA	19066-1245	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Gi	ame of Employer reat Valley Health	Occupation Physicia		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SUB	TOTAL of Receipts This Page (optional)	<u> </u>		1000.00
	AL This Period (last page this line number		<u> </u>	

ITEI	HEDULE A (FEC Form 3X) MIZED RECEIPTS Information copied from such Reports and State commercial purposes, other than using the results of the such Reports and State commercial purposes.	atements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 11 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicitic contributions from such committee
Α. Ει Δε Μ	AME OF COMMITTEE (In Full) MERICAN COLLEGE OF PHYSICIAN ull Name (Last, First, Middle Initial) ames D Brosseau ailing Address 2505 Belmont Road ity arand Forks			
fe Ni Al Re	EC ID number of contributing deral political committee. ame of Employer ltru Health System ecceipt For: Primary General Other (specify)	Occupation Physician Aggregate		250.00
B. CI M	ull Name (Last, First, Middle Initial) harles Cutler ailing Address 512 Hamilton Road ity Merion Station EC ID number of contributing deral political committee. ame of Employer elf-Employed ecceipt For: Primary General Other (specify)	State PA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. DOM M	ull Name (Last, First, Middle Initial) wight E Gurley ailing Address 10911 Adanak Circle ity agle River EC ID number of contributing deral political committee. ame of Employer epartment of Veteran Aff- rs ecceipt For: Primary General Other (specify)	State AK C Occupation Hospitalis Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUB	BTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 16 (check only one) X 11a
or for comm	ation copied from such Reports and Staterial purposes, other than using the DF COMMITTEE (In Full) CAN COLLEGE OF PHYSICIAN	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Anil B Go Mailing A City Champ FEC ID r federal p Name of U.S. Gor	paign number of contributing political committee. Employer vernment	State IL C Occupatio Physicial Aggregate	n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Nam Phyllis G Mailing A	Address 679 Thayer Avenue	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Departm fairs Receipt I	number of contributing political committee. Employer nent of Veterans Af-	CA C Occupation Physician Aggregate		Amount of Each Receipt this Period 250.00
City Vienna FEC ID 1	Address 9009 Avis Court	State VA	Zip Code 22182-2162	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt I	· · · · · · · · · · · · · · · · · · ·	Occupation PAC con Aggregate]
SUBTOTA	L of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 16 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	AMERICAN COLLEGE OF PHYSICIA	IN SERVICES INC PAC; AKA ACP SER	RVICES PAC
<u>/_</u>	Full Name (Last, First, Middle Initial) Richard L Neubauer		Date of Receipt
	Mailing Address 9681 Middlerock Way		01 17 2008
	City Anchorage	State Zip Code AK 99507-7502	Transaction ID: 27147211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Gregory McKelvey, Sr.		Date of Receipt
	Mailing Address 211 C DeSales Avenu	е	01 19 2008
	City	State Zip Code	Transaction ID: 27153524
	Mobile	AL 36607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Internal Medicine Center PC	Occupation Internist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Evelyn V Hess		Date of Receipt
	Mailing Address 2916 Grandin Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 27167135
	Cincinnati	OH 45208-3418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Univ. of Cincinnati Med Center	Occupation Professor of Medicine	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
	Other (specify)		
	UBTOTAL of Receipts This Page (optional)		1250.00

City State Zip Code TX 75093-8174 FEC ID number of contributing federal political committee. Name of Employer Center for Executive Medicine Receipt For: Primary General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code Mequon FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Mequon Full Name (Last, First, Middle Initial) Margaret M Spoerl Mequon Fec ID number of contributing federal political committee. C State Zip Code Mequon Fec ID number of contributing federal political committee. C State Zip Code Mequon Fec ID number of contributing federal political committee. C State Zip Code Transaction ID: 27176023 Amount of Each Receipt this Period Fec ID number of contributing federal political committee. C State Zip Code Transaction ID: 27176023 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC A. STATE AND ADDRESS (SOLICITY STATE) Full Name (Last, First, Middle Initial) Scott W Yalius Malling Address 6020 W Parker Rd Ste 420 City State Zip Code Plano TX 75993-8174 FEC ID number of contributing federal political committee. Name of Employer Center for Executive Medicalla. B. Multigrave (Last, First, Middle Initial) Piphysician Receipt For: Pinnary General Other (specify) ▼ 250.00 Date of Receipt Agriculture (Last, First, Middle Initial) Date of Receipt		•			
ANy information capied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions from such committee or of coromatical purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC In In Name (Last, First, Middle Initial) Sooil W Yatiss Mailing Address 6020 W Parker Rd Ste 420 City State Zip Code Plano TX 75993-8174 FEC ID number of contributing federal political committee. C and the properties of the	ı	I EMIZED KECEIPTS		,	
AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PAC Full Name (Last, First, Middle Initial) Soot W Yates Mailing Address 6020 W Parker Rd Ste 420 City State Zip Code Plano TX 75093-8174 FEG ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Margaret M Spoerl Mailing Address Advanced Healthcare 12203 N Corporate Parkway City State Zip Code Mequion W1 53092-3388 FEG ID number of contributing federal political committee. C Date of Receipt Times Period Date of Receipt Times Period FULL Name (Last, First, Middle Initial) Margaret M Spoerl Mailing Address Advanced Healthcare 12203 N Corporate Parkway City State Zip Code Mequion W1 53092-3388 FEG ID number of contributing federal political committee. Name of Employer Advanced Healthcare Physician Receipt For: Primary General Obter (specify) Seattle WA 98118-1128 FEG ID number of contributing federal political committee. C State Zip Code Physician Receipt For: Primary General Occupation Internal Medicine Physician		Any information copied from such Reports and State or for commercial purposes, other than using the n	atements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
A. Full Name (Last, First, Middle Initial) Scatt W Yates Malling Address 6020 W Parker Rd Ste 420 City State Zip Code Plano TX 75933-8174 FEC ID number of contributing ideral political committee. Perimary General Occupation Physician B. Margaret M Soperi Mailing Address Advanced Healthcare 12203 N Corporate Parkway City State Zip Code Malling Address Advanced Healthcare 200 N State Zip Code Malling Address Advanced Healthcare Physician FEC ID number of contributing ideral political committee. C Description Transaction ID: 27176023 Amount of Each Receipt Malling Address Advanced Healthcare Physician Receipt For: Primary General Occupation Internal Medicine Physician		' '	SERVICE	S INC PAC: AKA ACP SERV	VICES PAC
A. Scott W Yates Mailing Address 6020 W Parker Rd Ste 420 City State Zip Code Plano TX 7593-8174 FEC ID number of contributing lederal political committee. Name of Employer Advanced Healthcare 12203 N Corporate Parkway FEC ID number of contributing lederal political committee. Primary General Other (specify) ▼		/	OLITATOL		1020176
City Plano TX T5093-8174 FEC ID number of contributing federal political committee. Name of Employer Center for Executive Medicine Recept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Margard M Spoort Mequon FEC ID number of contributing federal political committee. C Date of Recept Transaction ID: 27176023 Meguon FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Magard M Spoort Medium FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 27176023 Annount of Each Receipt This Period FEC ID number of contributing FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Reger W Bush Malling Address 3841 Cascadia Ave, S City Seattle WA 98118-1128 FEC ID number of contributing federal political committee. C C Caugegate Year-to-Date ▼ Transaction ID: 27219251 Amount of Each Receipt This Period Transaction ID: 27219251 Amount of Each Receipt This Period Amount of Each Receipt This Period FEC ID number of contributing federal political committee. C C Caugegate Year-to-Date ▼ Transaction ID: 27219251 Amount of Each Receipt This Period Aggregate Year-to-Date ▼ Transaction ID: 27219251 Amount of Each Receipt This Period Aggregate Year-to-Date ▼ Transaction ID: 27219251 Amount of Each Receipt This Period Table Transaction ID: 27219251 Amount of Each Receipt This Period Table Transaction ID: 27219251 Table Transaction ID:	Α.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
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FEC ID number of contributing federal political committee. Name of Employer Center for Executive Medition Physician Receipt For: Primary General Office (Last, First, Middle Initial)		City	State	Zip Code	Transaction ID: 27175527
Name of Employer Center for Executive Medicine Physician		<u>Plano</u>	TX	75093-8174	Amount of Each Receipt this Period
Center for Executive Medicine Content of Executive Medicine Conte			C		1000.00
Receipt For:		Center for Executive Medi-			
B. Full Name (Last, First, Middle Initial) Margaret M Spoert Mailing Address Advanced Healthcare 12203 N Corporate Parkway City State Zip Code Mequon WI 53092-3388 FEC ID number of contributing federal political committee. Name of Employer Advanced Healthcare Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Date of Receipt Name of Employer Advanced Healthcare Physician Aggregate Year-to-Date ▼ Transaction ID: 27176023 Amount of Each Receipt this Period Date of Receipt Name of Employer Advanced Healthcare Physician Date of Receipt Name of Employer Name of Employer State Zip Code WA 98118-1128 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center. Internal Medicine Physician Internal Medicine Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Virginia Mason Medical Center. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Virginia Mason Medical Center. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Receipt For:	Aggregate	e Year-to-Date ▼	
Mailing Address Advanced Healthcare 12203 N Corporate Parkway City State Zip Code Mequon WI 53092-3388 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Receipt For: Seattle Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ Coccupation Aggregate Year-to-Date ▼ Date of Receipt N M M J D D S J 2 0 0 8 Transaction ID: 27176023 Amount of Each Receipt this Period Date of Receipt N M M J D D D S J 2 0 0 8 Transaction ID: 272176023 Amount of Each Receipt this Period Date of Receipt N M M J D D D D D D D D D D D D D D D D D				1000.00	
City State Zip Code Mequon WI 53092-3388 FEC ID number of contributing federal political committee. Name of Employer Advanced Healthcare Name (specify) ▼ Cuther (specify) ▼ Cuther (specify) ▼ City State Zip Code Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ City State Zip Code Mailing Address 3841 Cascadia Ave, S City State Zip Code WI 53092-3388 City State Zip Code WI 250.00 Date of Receipt Mailing Address 3841 Cascadia Ave, S City State Zip Code Seattle WA 98118-1128 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	- В.				Date of Receipt
Mequon FEC ID number of contributing federal political committee. Name of Employer Advanced Healthcare Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Roger W Bush Mailing Address 3841 Cascadia Ave, S City State Zip Code WA 98118-1128 FEC ID number of contributing federal political committee. C. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Occupation Internal Medicine Physician Aggregate Year-to-Date ▼ Transaction ID: 27219251 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 27219251 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00			way		
FEC ID number of contributing federal political committee. Name of Employer Advanced Healthcare Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Roger W Bush Mailing Address 3841 Cascadia Ave, S City State Zip Code WA 98118-1128 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Occupation Internal Medicine Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Currently State Zip Code WA 98118-1128 Transaction ID: 27219251 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00		City		Zip Code	Transaction ID: 27176023
Receipt For:		Mequon	WI	53092-3388	Amount of Each Receipt this Period
Advanced Healthcare Physician		FEC ID number of contributing federal political committee.	C		250.00
Primary General Other (specify) ▼ Date of Receipt		Name of Employer Advanced Healthcare			
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C. Roger W Bush Mailing Address 3841 Cascadia Ave, S City State Zip Code Seattle WA 98118-1128 FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M J D D J J 2 0 0 8 Transaction ID: 27219251 Amount of Each Receipt this Period 250.00				250.00	
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Seattle WA 98118-1128 Amount of Each Receipt this Period EC Name of Employer Virginia Mason Medical Center Neceipt For: Primary General Other (specify) ▼ Page 1500.00 Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00		Mailing Address 3841 Cascadia Ave, S			
FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) ▼ Occupation Internal Medicine Physician Aggregate Year-to-Date ▼ 250.00		-		Zip Code	Transaction ID: 27219251
Name of Employer Virginia Mason Medical Center Receipt For: Primary Other (specify) ▼ Occupation Internal Medicine Physician Aggregate Year-to-Date ▼ 250.00		Seattle	WA	98118-1128	Amount of Each Receipt this Period
nter Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			С		250.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 16 (check only one) X 11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to IAN SERVICES INC PAC; AKA ACP SERVICES INC PAC;	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia E Sadler Mailing Address 203 East Walnut Str	reet	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27219325
Clinton FEC ID number of contributing federal political committee.	SC 29325-2848	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Frederick E Turton Mailing Address 4587 Camio Real	•	Date of Receipt M
City	State Zip Code	Transaction ID: 27220858
Sarasota	FL 34231-2323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) A Roland Spedale, Jr Mailing Address 210 Westside Dr		Date of Receipt
		01 30 2008
City	State Zip Code	Transaction ID: 27220914
<u>Dothan</u>	AL 36303-1928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Internal Medicine Associa- tes of Dothan Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00]
SUBTOTAL of Receipts This Page (optional))	1000.00
7 (-15-5)		11750.00

TOTAL This Period (last page this line number only)

A.

В.

District:

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 16 / 16 (check only one)	
		21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF PHYSICIAN SE	ERVICES INC PAC; AKA A	CP SERVIC	ES PAC	
Full Name (Last, First, Middle Initial)			Transaction ID: 27316434	
Bank Of America Merchant Services			Date of Disbursement	
Mailing Address WA2-505-01-40 Post Office Box 2485			$ \begin{bmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $	
,	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period	
Purpose of Disbursement Merchant account service fee	Γ	001	505.88	
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		Merchant account service fee	
State: District:				
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Transaction ID: 27316925 Date of Disbursement	
Mailing Address WA2-505-01-40 Post Office Box 2485			$ \begin{bmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $	
	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period	
Purpose of Disbursement Merchant account service fee		001	34.95	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		Merchant account service fee	

		E40.00
SUBTOTAL of Disbursements This Page (optional)	>	540.83
TOTAL This Period (last page this line number only)	•	540.83

State: